

2009-2010 Centennial Accord Plan Update

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Mary C. Selecky
Secretary of Health

Introduction

The Department of Health is submitting its 2009-2010 Centennial Accord plan. This update provides a list of priority issues for collaboration between tribes and the agency.

The Department of Health works with tribal representatives and organizations to review and assess the significance of these priorities, identify areas of concern, and develop an agreed on Centennial Accord plan. The Department of Health is working with tribes to review and further develop the existing Centennial Accord process.

Programs and Priorities

I. Office of the Secretary

A. Policy, Legislative and Constituent Relations (OS/PLCR)

Tribal consultation

Federal support to provide health services to Native American and Alaska Native (AI/AN) citizens has steadily eroded. It has fallen on state, tribal, and local governments to fill this gap. Outside tribal governments, there is a lack of understanding about the need. There are few effective systems in place to coordinate public health and health care services delivery on tribal lands or to native populations.

Over the years, the state Department of Health and other health-related state agencies have depended on the American Indian Health Commission to provide tribes with information and coordinate services. The commission has been a critical resource for the agency and a key component of the government-to-government relationship. With the loss of federal funds, the commission now operates at a minimal level with limited staffing, a part-time executive director, and no support staff.

Another serious problem identified by the commission and tribal delegates at the 2008 Tribal Health Summit is the status of AI/AN health disparities, particularly in infants and pregnant women. Native American and Alaska Native pregnant women are the most likely of any other racial group to:

- get late or no prenatal care
- smoke
- abuse drugs or alcohol
- have a mental health diagnosis
- have suffered abuse by a partner

Working cooperatively with tribes and the commission, the state Department of Health can address these and other serious health status gaps. Funding for the department's liaison activities is necessary to help directly connect with Tribal communities on public health issues that include contract assistance, contract monitoring, needs assessments, data gathering, and performance monitoring.

- Ideas to generate funds include tribal contributions or match — including administrative and indirect cost support by tribes; in-kind tribal staff and meeting space, etc.; and planning for a tribal dues structure to augment American Indian Health Commission funding.
- Another financial need is identification of predictable short term support to strengthen commission management capacity, foster stronger leaderships, and facilitate travel to meetings with the 29 federally recognized tribes and two urban Indian health programs.

The Department of Health and the American Indian Health Commission worked together to identify fiscal needs for this work. The department included funding in its biennial budget request to meet this need. The project was an opportunity to align tribal public health needs with the state agency's biennial budget process. The intent is to assure critical needs of tribal populations could be addressed in a planned, comprehensive way.

The ultimate goal was greater equity between the tribal population and the other state residents. As much as possible, the desire was to use existing processes at the state and tribal levels to coordinate and deliver services, rather than create new processes or bureaucracies.

- It was understood that government-to-government agreements may be required to work together effectively and efficiently.

The American Indian Health Commission budget request was not included in the governor's 2009-2011 biennial budget. Still, the department and commission will continue to pursue this funding in the next budget cycle. The department's goals are:

- Stable and secure leadership within the commission, allowing a single point of contact to explore and voice public health concerns and issues of tribal communities and the state
- Enhanced, meaningful communications with and between tribal interest and the agency
- Exploration specific contracts and/or agreements to:
 - Promote initiatives important to the Governor's Office, the legislature, and the agency
 - Identify jurisdictional, legal, and financial barriers and boundaries around licensing and certification of tribal health care delivery services, professionals, and facilities
 - Prepare and pilot action plans to address specific AI/AN health disparities identified in the final report of the Health Disparities Commission
 - Other initiatives yet to be identified

Cross-agency coordination

The Department of Health, Health Care Authority (HCA), and Department of Social Health Services (DSHS) continue to work together to address state-tribal-urban health care issues. With the American Indian Health Commission, a workgroup of leadership from the three health agencies was convened to coordinate with tribes' urban Indian programs to identify and implement strategies to improve health care access and health disparities among American Indians and Alaska Natives in tribal and urban communities linked to the governor's health care initiatives.

Efforts to more efficiently address tribal issues during tightened financially times include:

- Continued cross-agency discussions to identify overlapping interagency challenges and opportunities; developing pilots to identify and address regulatory barriers that restrict tribal home care/home health programs/facilities certification and prevent reimbursement.

- Continued collaboration with recognized American Indian Organizations such as the American Indian Health Commission, Northwest Portland Area Indian Health Board, Northwest Tribal Emergency Management Council, Affiliated Tribes of Northwest Indians, and other tribal forums to promote feedback and effective service development and collaboration between tribes and state agencies.

Agency strategic plan

The Department of Health strategic plan includes a goal that focuses on hiring, developing, and retaining a diverse workforce. The department intends to improve health by enhancing its work with tribes, developing and retaining a competent and diverse workforce, and maintaining high quality services and partnerships. Through this work the agency will help improve service delivery in tribal communities. Initiatives:

- Develop recruitment strategies to ensure diverse workforce
- Core competencies, skills, and abilities are developed and kept current
- Increase organized and systematic feedback opportunities to improve service delivery
- Increase the number of partners participating in development, evaluation, or implementation of public health programs, activities, or services
- Increase interaction with tribes, communities of color, and organizations representing diverse groups

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B. Public Health Emergency Preparedness and Response Program (PHEPR)

The partnership of Washington Tribes and the Washington State Department of Health continues to enhance capacity to protect the public's health. This is reflected in common interests to prepare for and respond to disasters and other public health emergencies. Over the past six years, the department has consulted with tribal representatives and organizations to seek input on how best to accomplish this task. Here is an overview of the current status.

Contracts

Department of Health has allocated \$594,000 and contracted with 27 of 29 federally recognized tribes for Public Health Emergency Preparedness and Response work. The department continues its work to establish relationships with the two tribes that have not signed contracts for preparedness activities.

The department, American Indian Health Commission, Northwest Portland Area Indian Health Board, and Northwest Tribal Emergency Council work together on tribal Public Health Emergency Preparedness and Response activities to help tribes prepare for public health and other emergencies.

- Tribal representatives participate on these organizations by formal resolution of their tribal councils and are authorized to provide feedback on behalf of their tribe.

Planning, systems development, and conferences

Tribes and other public health and emergency response partners communicate and collaborate securely and quickly about urgent public health messages. This is done using the Washington Secure Electronic Communication and Urgent Response Exchange System (SECURES). Currently, 15 tribes participate in the system; 13 participated in 2008 and eight took part in 2007.

Several tribes actively participate in Healthcare Coalition development work in their regions. The goal is to strengthen the healthcare response system and improve healthcare surge capacity and capabilities for strong local and regional coordination during public health emergencies.

A continuing partnership with the Northwest Portland Area Indian Health Board and Northwest Center for Public Health Practice supports the Annual Tribal Emergency Preparedness Conference held each July. Conference feedback has been positive; attendance in July 2008 was more than 200. Participants included tribal members from Washington, Oregon, Idaho, Wyoming, Montana, and British Columbia. State and federal agency representatives, regional and healthcare coalition members were also in attendance.

The department continues support of the annual Northwest Tribal Emergency Management Council conference and work to improve education, awareness, and outreach to tribes. The tribes in emergency management council share resources, knowledge, and skills to develop comprehensive public emergency planning documents, address public health jurisdiction issues, and provide a network of expertise. The council works with county, regional, state, and federal public health partners to bring the most up-to-date and complete information and plans to the communities served by the tribal communities.

- Seventeen of the 29 federally recognized tribes in Washington are members of the Northwest Tribal Emergency Management Council: Lummi, Lower Elwha, Nooksack, Samish, Sauk Suiattle, Stillaguamish, Swinomish, Tulalip, Upper Skagit, Makah, Shoalwater Bay, Muckleshoot, Snoqualmie, Yakama, Cowlitz, Spokane, and Colville.
- One Oregon tribe, the Confederated Tribe of Siletz, is also a member.

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II. Epidemiology, Health Statistics, and Public Health Laboratories

The Epidemiology, Health Statistics, and Public Health Laboratories Division is a community health partner. This division of the state health department provides quality health information; vital records; and assessment services for possible public health actions, developing public health policy, and conducting assessment work to improve the health of the people of Washington.

Divisional staff took part in a meeting organized by the American Indian Health Commission to bring epidemiologists from the state health department together with representatives from the commission, epidemiologist from the Northwest Area Indian Health Board, and the Seattle Indian Health Board. The focus started with briefings on the scope of each agency's work and identifying data that might be used by the commission or the health boards to better understand health and health-related factors among American Indians in Washington.

Future discussions are planned. Topics include ways to use data from all sources to provide a complete picture of health issues than is seen by looking at data one source at a time; interpret data that uses varying definitions of American Indians; use data most effectively in the American Indian Health Care Delivery Plan; and help the commission use data to identify future priorities.

The latter work would include developing a list of key health indicators that are routinely tracked among American Indians in Washington. Systematic tracking of key health indicators would help improve health and related factors among American Indians and identify disparities between American Indians and others in the state. Future discussions could also serve to identify data gap and consider mechanisms for filling these gaps.

Center for Health Statistics

Charity care for tribal members in Washington hospitals

The Skokomish and the Squaxin Island tribe raised concern with the Department of Health that a local hospital is not allowing Native Americans to apply for charity care based on their race. The hospital has told the tribes that Indian Health Services (IHS) is responsible to pay the bill and Native Americans are not eligible for charity care.

The Department of Health notes that state law does not allow race-based distinctions and charity care should be provided to anyone who meets the criteria of income and family size. The American Indian Health Commission for Washington State is currently discussing the issue with the Washington State Hospital Association. Department of Health staff has helped answer questions and encouraged communication. Staff has also had numerous conversations with the tribal representatives and others to gather information about this issue.

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III. Community and Family Health

Office of Infectious Disease and Reproductive Health

Tuberculosis control

American Indians throughout the U.S. and in Washington are disproportionately affected by tuberculosis (TB). The national rate of TB among American Indians in 2007 was 6.0/100,000, compared with 4.4/100,000 among all people for the same year. In 2007, the TB incidence rate in Washington was 6.3/100,000 cases among American Indians compared to 4.4/100,000 among all people in Washington. The 2008 Washington incidence rate among American Indian increased to 7.3/100,000, and the 2008 general TB incidence rate decreased to 3.5/100,000.

The state health department has been working to reduce the TB incidence rate among American Indians because of the disproportionate impact. The goal has been to reduce this rate for Washington's American Indian population from 18.4/100,000 in 2005 to 4.0/100,000 by the end of 2009. At the end of 2008, that rate had decreased vastly to 7.3/100,000. With collaboration from multiple tribes across the state, the Department of Health TB program is close to reaching the goal for 2009. Beginning in 2010, the TB program will communicate with tribes about important TB issues through the Northwest Portland Area Indian Health Board newsletter. Lack of resources combined with program cuts in the TB program will reduce participation in meetings and special projects. However, the TB program medical consultant, nurse consultants, and TB Web site will be available for the most up-to-date TB information.

The department plans to continue working with the Northwest Portland Area Indian Health Board, American Indian Health Commission, Indian Health Services, tribal health centers, local public health agencies, and others to reduce TB among American Indians. They will:

- Maintain the partnerships that have been established with Washington tribes
- Ensure implementation of CDC guidelines for preventing and controlling TB
- Identify the most effective methods of delivering and disseminating specific TB information to Indian Health Services, tribal, and urban health program practitioners

In 2009, the focuses of the TB Program will be to continue to develop stronger relationships with the tribes and TB awareness. The TB Program will continue to help develop culturally competent brochure and educational materials to fit the needs of the American Indian population. The tuberculosis Medical Consultant and Nurse Consultants are available to provide training for the clinic physicians and staff.

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B. Community Wellness and Prevention

The Office of Community Wellness and Prevention leads and supports the development of healthy people and communities in Washington. The program promotes policies and healthy behaviors that encourage lifelong chronic disease management and prevention. The Chronic Disease Prevention Unit of this office specializes in specific chronic health topics, including asthma, cancer, diabetes and heart disease.

Chronic disease prevention unit

This unit has several projects that focus on developing local resources that connect Native American community members to local resources to prevent and manage high blood pressure. The unit works with other chronic disease and health promotion programs in the state health department, such as the Diabetes and the Tobacco Prevention and Control programs. Together, the programs develop, identify, and connect people with opportunities for behavioral change such as chronic disease self-management programs, support groups for physical activity, instructional classes on eating well with high blood pressure, community gardening, support for weight management, tobacco cessation, and diabetes control.

Partnership with the Tobacco Prevention and Control Program provides local community development grants to foster the development of local networks across Washington. The goal is to conduct activities focusing on public awareness or education messages that meld chronic disease, including heart disease and stroke, and tobacco use. Networks will be required to develop and conduct at least one public awareness campaign or activity and one community-specific educational material that can be used by participating organizations.

The Heart Disease and Stroke Prevention Program partnering with the Diabetes Prevention and Control Program to provide the Stanford Model "Living Well With Chronic Conditions" Chronic Disease Self-Management Program in Washington. Evidence-based Chronic Disease Self-Management is a proven, cost-effective intervention for improving chronic health care outcomes and reducing costs. Native Americans are a target population in Washington because of high prevalence of risk factors and death due to cardiovascular disease. Current activity focus is on development of data collection and reporting systems, development of a website, and delivery of workshops. Efforts are also directed to the development of new partnerships to help sustain future efforts.

Coordinated by the Basic Food Nutrition Education Program, a workgroup of educators representing Quinault Indian Nation, Suquamish Tribe, and Yakama Nation volunteered to meet. They discussed lessons learned and identified what would define success in their communities through the experience of conducting Lifestyle Balance training. Lifestyle Balance is a six-to-eight week training session hosted by many of Washington's Tribes who are part of the Basic Food Nutrition Education Program. The result of these discussions is the "Circle of Change" model that presents how people make change, recognizing that change does not happen all at once or in a straight line.

Initial copies were distributed to all tribal program contractors in October 2007. Additional copies will be mailed to non-participating tribes in Washington. A limited supply is available upon request. The guide is on the Basic Food Nutrition Education Program Web site (http://www3.doh.wa.gov/here/materials/CRA_Detail.aspx?ID=443) for those who would like to download.

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WIC nutrition program

More than 20 years ago the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) identified the importance of helping tribal members on the reservations. Providing WIC services on the reservations helps with access and eliminates barriers for young Native American families to receive culturally appropriate services.

- The WIC Nutrition Program continues to work with the tribes to provide WIC services to tribal members. These services are provided to 22 tribes – 14 with direct intergovernmental agreements with the Department of Health: one through another tribe’s intergovernmental agreement; one through a local health agency; and six through a tribally chartered intergovernmental agency. The department also contracts with Seattle Indian Health Board to provide WIC services to the urban Indian population living in the Puget Sound area.
- The program supports the American Indian Health Commission’s position paper on “Improving Maternal-Infant Health,” presented at the Tribal Leaders Health Summit in November 2008. The program is coordinating with the commission’s Maternal-Infant Health Workgroup and the First Steps Program to work on the recommendations in the position paper. To put the recommendations in action, the WIC program provides funding to the commission to find barriers and challenges to participation by tribal/urban Indian health programs in WIC. The commission will look at barriers that keep American Indian and Alaskan Native families from participating in the WIC program locally. The commission and the Northwest Portland Area Indian Health Board will research and identify best practices to deliver WIC services.
- To help continue the work after initial WIC funding ends in September 2009, the program is applying for a Special WIC Project Grant from the U.S. Department of Agriculture. The Concept Paper Development Grant provides \$20,000 to prepare to apply for a full grant in 2010. One program requirement of the grant is the focus on WIC program areas as they relate to Native American families. The program is working with partners to apply.

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Tobacco prevention and control program

Tribal commitment to reduce commercial tobacco use continues to grow, as does the quality of many tribal work plans. In state fiscal year (SFY) 2009, the Department of Health Tobacco Prevention and Control Program is contracting with 27 of 29 federally recognized tribes. The Hoh and Muckleshoot Tribes are not under contract in SFY 2009. While tobacco prevention has grown in many tribes, it continues to be a low priority for others. The state tobacco program currently has four staff managing tribal contracts to better support tribal coordinators. With greater interaction between contract managers and tribes, including many personal visits to tribal offices, previous problems (late work plans, invoices, and progress reporting, e.g.) have dropped. Many new tribal coordinators have been hired and the positive relationships between the tobacco program contract managers and tribes continues with the new hires.

Collaboration and resource sharing between the tribes and local public health agencies and community agencies is steadily improving. Increasingly, tribes are jointly sponsoring trainings and other events with the county, community, and/or school contractors in their regions. Several are working on policies and/or increasing outreach and services to reduce tobacco use and secondhand smoke exposure in their communities.

The tobacco program has completed its new five-year strategic plan. The plan includes many changes in priorities and activities. Identifying and eliminating tobacco-related disparities are now top program priorities. The program has developed unique activities for Tribes to include in their annual work plans, and will complete a data report on smoking in tribal communities by June 2009. The draft of the five-year plan was presented at both the Northwest Portland Area Indian Health Board meeting in April 2008 and the American Indian Health Commission meeting in May 2008.

The tobacco program contract manager continues talks with the agency's tribal liaison about overall agency work to improve cultural competency and address health disparities. This includes improving the way the program contracts with tribal communities and increasing communication and collaboration among Department of Health programs working with tribes.

Tribal coordinators attended a tribal tobacco coordinator meeting in October 2008. Another is planned for May 2009 at the Port Gamble S'Klallam tribal facilities. The meetings are an opportunity for tribal coordinators to problem-solve with their contract manager, and for other tribes to learn new skills and share effective practices and lessons.

The state Tobacco Prevention and Control Program provides ongoing training and technical support for tribal tobacco programs. This is through a contract with the Northwest Portland Area Indian Health Board's Western Tobacco Prevention Program (for the fifth year).

- The Portland board developed and provided tobacco training at the Yakama Nation on "Second Wind" — a smoking cessation curriculum tailored to American Indian communities.
- The board worked with the American Cancer Society to adapt the SpeakOUT youth leadership training for American Indian youth. Two free trainings will occur by June 2009.

- The board designed, produced, and distributed materials for the Steer Clear public awareness campaign. The campaign — which includes a 2009 calendar, window clings, wallet cards, post-it cubes, and artwork designed by a local Native artist — will educate Tribal communities on the connection between tobacco use and chronic diseases such as diabetes, heart disease, and cancer.
- The board created information on the X2 appendix to the tribal gaming compact and posted this and tobacco control information on a Tribal Tobacco Coordinators page on its Web site.

This partnership has enabled the Tobacco Prevention and Control Program to develop culturally appropriate materials for American Indians in Washington. The tribes feel great pride and ownership in these products as they helped develop them. These materials are some of the first their kind produced in the United States.

The state tobacco program continues to fund the Seattle Indian Health Board to plan and conduct tobacco prevention, cessation, and control activities in urban Indian communities:

- Seattle Indian Health Board maintains two successful coalitions in Seattle/Tacoma and Spokane to plan and conduct tobacco prevention and cessation activities. Members of both coalitions gathered in September 2008 with other partners for the third leadership institute on tobacco issues for Urban Indians. Leadership, cultural, and tobacco prevention and control information was provided at this three day event. It was very successful and participants were energized. The Seattle board's contractor is doing an excellent job of collaborating with a variety of state tobacco program contractors and partners.
- The Seattle board continues working to change internal systems to improve treatment of smoking patients and employees. They have also worked to adapt TATU and SpeakOUT youth leadership trainings for American Indian communities.
- The board sponsored its second annual Pow Wow at Federal Way High School in December 2008. The Pow Wow annually focuses community attention on the dangers of tobacco use.
- The board is taking steps to be a tobacco-free provider and employer, and to provide cessation support to patients who use its services.
- The state tobacco program has received permission from the Northwest Portland Area Indian Health Board's human subjects review to conduct focus groups and interviews among Urban Indians. The program plans to complete this work in SFY 2010. The groups will provide insight to help the program design media and educational outreach materials to help Urban Indian adults quit smoking.

American Indians have been invited to serve as advisors to the state tobacco program on the its implementation advisory committee. The coordinator from the Seattle Indian Health Board continues to serve; however, the state program is currently seeking to replace members from the Port Gamble S'Klallam and Cowlitz tribes on this committee.

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Cancer prevention and control

The state Department of Health works with a statewide partnership to reduce the burden of cancer. The program is funded by a grant from the Centers for Disease Control and Prevention (CDC) as part of its National Comprehensive Cancer Control Program. The Washington Comprehensive Cancer Control Partnership is a group of organizations and individuals working to address priorities within the “Washington State Comprehensive Cancer Control Plan.” The Washington State Cancer Registry provides incidence data to South Puget Intertribal Planning Agency’s Comprehensive Cancer Control Program.

- The South Puget Intertribal Planning Agency Comprehensive Cancer Control program manager is a member of the Washington Comprehensive Cancer Control Partnership's Steering Committee.
- The state health cancer control program manager is on the planning agency’s cancer control advisory board.
- The Cancer Prevention and Control Unit participates in the Northwest Portland Area Indian Health Board quarterly meetings.

The Comprehensive Cancer Control Program has designed and printed culturally appropriate awareness posters for Native Americans on prostate cancer and colorectal cancer screening. The artist is Native American. Ideas for brochure and poster distribution were gathered from South Puget Intertribal Planning Agency, the Seattle Indian Health Board, and Northwest Portland Area Indian Health Board.

The Washington Breast and Cervical Health Program serves Native American women through seven prime contractors. These contractors have formal agreements with tribal organizations to assure that qualifying women receive mammograms and Pap tests.

- Limited tribal funding results in lack of money to pay for diagnostic procedures. So, the South Puget Intertribal Planning Agency breast and cervical health program can refer women to the state breast and cervical health program for those services.
- An expanded slate of screening services became available for Native American women and their partners through the state program starting in January 2009. These additional screenings will be for colorectal cancer.

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Office of Maternal and Child Health

First steps program and maternal and infant health

First Steps is a statewide Medicaid-funded program co-managed by the Department of Health and the Department of Social and Health Services (DSHS). Its goal is to improve the health and well-being of low income pregnant women and their infants. Its services include medical care, maternity support services, childbirth education, and infant case management. Department of Health and DSHS are concerned about disparities in pregnancy and birth outcomes for Native American mothers and infants, and are committed to working to reduce these disparities.

Maternal and Infant Health and First Steps have teamed with the American Indian Health Commission to further the work of addressing disparities. A subcommittee focused on maternal and infant health including issues with WIC, First Steps, and best practices to use when working with American Indian women has formed. Department of Health is represented on this subcommittee, which includes representatives from various tribes, Urban Indian health centers, and staff from DSHS. The subcommittee is active. Its work plan focuses on recommending best practices, WIC, and First Steps regarding American Indian populations.

The state health department's Maternal and Infant Health program also conducts outreach to American Indian communities. The goal is to build relationships with Native American community organizations that help develop strategies to reduce disparities.

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Maternal and child assessment

In 2005, the Washington State Pregnancy Risk Assessment Monitoring System (PRAMS) coordinator began talks with tribal organizations. The goal was to find ways to work with tribes to improve data on the Washington Birth Certificate and to plan for information sharing. Birth certificate and PRAMS data are often linked for reports and analyses. Discussions with the state

health tribal liaison and representatives of the Northwest Portland Area Indian Health Board and the Seattle Urban Indian Health Institute were initiated because:

- The 2003 Washington birth certificate format included information on tribal affiliation and whether the mother lived on a tribal reservation, but was insufficient for planning. Tribal EpiCenters shared concerns about the limited data being collected on the birth certificate for Native American mothers.

At these meetings, representatives expressed interest in collecting urban versus rural data and a strong interest in prenatal care information. In October 2005 Leslie Randall presented introductory PRAMS information prepared by the Washington PRAMS coordinator to tribal health representatives at the Northwest Portland Area Indian Health Board meeting. In 2006, a practicum student from Northwest Portland Area Indian Health Board worked with Washington PRAMS to increase the Native American response rate and data on the birth certificate.

- The student contacted six tribes (Lummi, Quinault, Spokane, Yakama, Puyallup, and Colville) to identify where prenatal care was obtained and where best to target the brochure and poster to inform mothers about PRAMS and encourage survey participation.
- The state PRAMS coordinator and practicum student gave a second presentation at the board meeting in April 2006. This provided more information on PRAMS data and an opportunity for feedback on a brochure and poster targeting tribal members.
- In June and July 2007, a pilot project was initiated that included sending posters and brochures to tribes. Follow-up calls were placed to tribes receiving posters and brochures to find out how the products were received by tribes. Feedback was positive.

A joint letter developed by the Northwest Portland Area Indian Health Board (NPAIHB) and Seattle Urban Indian Health Institute (SUIHI) encourages Native American women to return the PRAMS survey so that tribal communities can better plan for Maternal and Child Health programs. The letter was included in survey mailings that began December 2007.

State health continues looking for ways to work with tribes to improve data collection and sharing. The NPAIHB and SUIHI have developed culturally appropriate brochures and posters about PRAMS participation to distribute to tribal communities. Ongoing communication and collaboration with tribal groups continues to increase response rates. The NPAIHB and SUIHI have representatives on the PRAMS Coordinating Committee. These representatives also contributed to the Phase 6 survey revision process which took place through 2008.

Tribal Epi Center representatives participated with Maternal and Child Health Assessment and CDC in a year long analysis course using PRAMS data in 2008. The course was designed to obtain advanced analytic skills in complex survey data. The training was conducted by faculty at University of Illinois at Chicago and involved both didactic sessions and hands-on applied analyses using PRAMS data. The representatives continue to work with PRAMS analysts on additional projects.

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IV.Environmental Health

Shellfish program

The mission of the Environmental Health Division is to improve people's health by reducing exposure to environmental hazards. The Shellfish Programs in the Environmental Health Division prevents illness and death from eating contaminated molluscan shellfish (such as oysters and clams). Shellfish programs:

- Monitor biotoxins, such as paralytic shellfish poison, and domoic acid
- Close harvest areas when biotoxin levels pose a threat to public health
- License and inspect commercial shellfish operations
- Monitor and classify shellfish growing areas
- Provide timely information to recreational harvesters about where, when, and which kinds of shellfish are safe to harvest

The Shellfish Program continues to work with the Treaty Tribes on shellfish sanitation issues. Regular meetings are held between department staff and tribal shellfish liaisons. In 2008, at the request of tribal partners, about 4,000 acres of intertidal and subtidal shellfish beds making up six growing areas or portions of growing areas were classified for commercial shellfish harvest — three as intertidal beaches and three as subtidal geoduck tracts. The program worked with tribes to monitor and restore water quality in Yukon Harbor and Vaughn Bay. These two bays were reopened after pollution problems were corrected; both bays had been closed to shellfish harvesting for decades. The state health department continues to work with all tribes to maintain the classification of existing growing areas and to evaluate new ones.

In 2008, 14 tribes were certified and licensed by the department. Those licensed as "harvesters" were the Lower Elwha Klallam Tribe, Muckleshoot Tribe, Nisqually Tribe, Port Gamble S'Klallam Tribe, Puyallup Tribe, Skokomish Tribe, Squaxin Island Tribe, Tulalip Tribe, and Upper Skagit Indian Tribe. Those licensed as interstate "shellstock shippers" were the Jamestown S'Klallam Tribe, Lummi Indian Nation, Suquamish Tribe, and Swinomish Indian Tribal Community. Those licensed as interstate "shucker packers" were the Quinault Indian Nation and the Squaxin Island Tribe. Thirty-four individual tribal operations, owned and operated by tribal members, received shellfish operation certificates of approval.

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Fish, shellfish, and toxics

The presence of persistent, bio-accumulative toxins (PBTs) in fish — such as mercury, polychlorinated biphenyls (PCBs), and the flame retardant chemicals Poly Brominated Diphenyl Ethers (PBDEs) — are a nationally recognized problem. Persistent, bio-accumulative toxins have been linked to health problems such as birth defects, reproductive failure, cancer, and learning and behavioral problems in young children.

We assess exposure to PBTs from fish consumption to provide credible health advice to the public to reduce exposure while retaining fish as part of a healthy diet. Most fish consumption advisories the department and local health agencies issue are important to tribes.

Tribes emphasize that health assessments for fish and shellfish must consider consumption advisories and also pollution reduction to decrease or eliminate contaminants in fish. The department supports this concept and works with and supports initiatives of the state Department of Ecology to reduce or eliminate persistent contaminants that build-up in fish and people. State health and Department of Ecology released a Chemical Action Plan for mercury in 2003 and a second plan in January 2006 for PBDEs. In 2007, the legislature banned all three forms of PBDE flame retardants in products sold in Washington, which included the country's first ban on the Deca form — provided safer alternatives are identified for some products. In 2008 and 2009, both agencies worked on a Chemical Action Plan for lead.

The 2007-2009 legislature provided funds to build capacity for the Department of Health to address childhood blood lead levels. The agency is now better set-up to provide equipment and technical assistance to tribes to screen children for blood lead.

We have worked to increase collaboration with tribes to provide sound health advice on fish consumption and shellfish harvesting. As interest in tribal commercial harvest of shellfish in Puget Sounds expands, health interests can include an evaluation for harmful chemicals. We provide assistance to tribes in developing sampling plans and evaluating results for health risks. This information is important to tribes for developing health messages for their members who commercially and ceremonially harvest.

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V. Health Systems Quality Assurance

Office of Community and Rural Health

Health careers – Project HOPE (Health Occupations Preparatory Experience)

Having more American Indians as health professionals will improve the health of American Indians. The Department of Health's Office of Community and Rural Health works to increase the number of American Indian youth into health careers by participating in the Health Occupations Preparatory Experience (HOPE) project. This project gives an opportunity to high school students from rural and ethnically diverse communities to serve internships in health careers to become more interested in pursuing a career in that health field.

- In the 2005-06 biennium, 17 American Indian students applied to the program; six students participated in the program.
- In the 2007-09 biennium, 10 American Indian students applied to the program; 10 students participated in the program.
- For the program year 2008 we received eight American Indian student applications. Eight American Indian students have been accepted into the program. Working with tribal liaisons, the American Indian Health Commission, and school counselors paid off.
- We are gearing up for the Project HOPE cycle 2009. We hope to have even more applications from American Indian students due to our continued work with the American Indian Health Commission and school counselors.

Technical assistance

Assistance in recruiting health care providers

For many years the Department of Health's Rural Health program has worked with tribes throughout the state to recruit primary health care providers for tribal clinics. Currently, recruitment staff is working with the Lummi Tribe to recruit dentists for the new dental clinic that will open fall of 2009. Staff also provided recruitment training/assistance for the Kalispell Tribe to help address provider needs for their new clinic.

State health staff worked with tribes to help recruit health care staff. Many tribes are struggling to recruit health professionals. At the Tribal Leaders Health Summits in 2006 and 2008, state health staff set-up exhibits to provide information on resources provided by Community Health Systems, Rural Health.

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A. Health Professions and Facilities

The Health Professions and Facilities section protects health in various medical, health, and community settings. These programs do this by establishing and enforcing safety and care standards for state licensing and Medicare certification.

On request of the Port Gamble S'Klallam Tribe, representatives from the state Departments of Health, Social and Health Services Health Resources Services Administration (DSHS HRSA), Region X Centers for Medicaid Services (CMS) and the American Indian Health Commission met to discuss using state licensing capabilities to certify a tribal home health program as meeting state licensing requirements.

The tribe currently has a Medicare certified Federally Qualified Health Center and wants to provide home health care to tribal members on its reservation. Because of the sovereign status of the tribes, the Department of Health and the Tribe are developing a process for state health staff to be invited to do a certification survey that will assure the program meets standards. This will inform state and federal agencies the tribal program meets licensure requirements; ensures the Tribe's program is reviewed externally by those with experience and expertise in this program area; saves limited tribal resources; and allows reimbursement for services.

- The goal is for the Tribe to develop a program that is consistent with existing federal and state regulations; receives acknowledgement of state licensing, certification of compliance from the Center for Medicaid Services, so reimbursement by Medicare and Medicaid can occur for eligible beneficiaries.
- A draft Memorandum of Understanding is being developed by state health for review and discussion by the Port Gamble S'Klallam Tribe, Department of Health, and DSHS and CMS.

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VI. Washington State Board of Health

The state Board of Health serves the people of Washington by working to understand and prevent disease across the entire population. Established in 1889 by the State Constitution, the board provides leadership by suggesting public health policies and actions, by regulating certain activities, and by providing a public forum. The governor appoints nine of the 10 members to fill three-year terms.

Tribal representation and outreach

The Sue Crystal Memorial Act of 2006 requires that one of the four members of the state Board of Health “experienced in matters of health and sanitation” be a representative from a federally recognized tribe. In December, 2007 Governor Chris Gregoire reappointed Mel Tonasket of the Colville Confederated Tribes to the board. Mr. Tonasket’s previous term on the board expired July 2007; his current term ends in July 2010.

The board provides staff support to the Governor’s Interagency Council on Health Disparities. The council is charged with developing a statewide action plan to address health disparities. An agency representative on the council is the Governor’s Office of Indian Affairs, represented by the director or a designee. In September 2007, after consulting with the American Indian Health Commission, Craig Bill, Governor’s Office of Indian Affairs executive director, asked that Dannette “Danno” Ives, Health Services Director for the Port Gamble S’Klallam Tribe, serve as representative on the council. Ms. Ives now serves in this role. Emma Medicine White Crow was also appointed by the governor to serve as a public member on the council and has been elected council vice chair.

In September 2008, the council received word of a three-year grant award from the federal Office of Minority Health to increase outreach to communities of color. The grant provided funds to hire Tamara Fulwyer as the new community outreach coordinator. Before joining the board, Ms. Fulwyer, a Chickasaw Tribal member, worked at the South Puget Intertribal Planning Agency helping tribes develop health and human services resources.

Washington Secretary of Health Mary Selecky is a member of the board. The state Department of Health provides space and administrative support to the board and council.

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